State of California—Health and Welfers Agency
Form Approved CMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services
Toxic Substances Control Division
Sacramento, Galifornia

3. Generator's Name and Mailing Address GULFSTREAM AEROSPACE CORP. 4150 DONALD DOUGLAS DR., LONG BEACH, CA. 90808 4. Generator's Phone 613 1 420-1818 5. Transporter 1 Company Name 6. US EPA ID Number OMEGA RECOVERY SERVICES CAD 042 245 001 D. Transporter's Phone (213) 7. Transporter 2 Company Name 6. US EPA ID Number OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD. WHITTIER, CA. 90602 11. US DOT Description (including Proper Shipping Name, Hezard Class, and ID Number) WASTE OIL N.O.S., COMBUSTIBLE LIQUID, NA 1270 (Hydraulic Oil, Skydol) WASTE FLAMMABLE LIQUID N.O.S., FLAMMABLE LIQUID (HYDRAULIC OIL, SKYDOL) NA 1270 A. State Manifest Document Number C. State Transporter's D D. Transporter's Phone (213) B. State Generator's D C. State Transporter's Phone (213) C. State Transporter's Phone (213) D. Transporter's Phone (213) F: Transport	76 0237 698-0991
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GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper and are classified, packed, marked, and lebeled, and are in all respects in proper condition for transport by highway according to applicable national government regulations.	er shipping name international and
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to mit generation and select the best waste management method that is available to me and that I can afford.	which minimizes the
	Month Day Year
Printed/Typed Name Signature Signature T. 17. Transporter 1 Acknowledgement of Receipt of Materials	10611291
	10.0011.00
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1 L 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.	
Printed/Typed Name	
John HANTE	Month Day Year

EPA 6700—22 (Rev. 9-88) Previous editions are obsolete.

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To: P.O. Box 3000, Sacramento, CA 95812